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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*

Place of Birth Globe
(Registration District)County GilaNo. 395 East Oak

St.

SEX OF CHILD* Female Twin Triplet or other? 1st and } Number* in order of birthDATE OF BIRTH* Dec. 16 1921
(Month) (Day) (Year)FULL* NAME Herbert J. Riell FATHERFULL* MAIDEN NAME Effie May Riell MOTHER

I HEREBY CERTIFY that the child described herein has been named

Kathryn Jane Riell
(Give name in full) (Surname)Herbert J. Riell
(Parent's signature)Chunet
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

293-1216-593